

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

Primary Registration District No.

1000

Registrar's No.

1198

-62-037772

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

15117

20740

3

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4344

10

11

122-0

131-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

F.C. Long, M.D., MEDICAL CERTIFICATION

FILED OCT 29 1962

1. PLACE OF DEATH
a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

St Joseph

Length of stay in 1b

1 da.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTE

Missouri Methodist Hosp

Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE

Mo

b. COUNTY

Nodaway

c. CITY
OR TOWN

BARNARD

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

JAMES D. WARE

4. DATE
OF DEATH

10-18-1962

5. SEX

MALE

6. COLOR OR RACE

CAU.

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-4-1909

9. AGE (last birthday)

52

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

FARMING

11. BIRTHPLACE (City and state or country)

BARNARD, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

P. D. WARE

13b. MOTHER'S MAIDEN NAME

ANNA MILLER

14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, No, or unknown) (If yes, give war or dates of service)

NO

17. INFORMANT

46 Mrs. HOMER Smith-Barnard

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Pulmonary, with
compensatory polycythemiaINTERVAL BETWEEN
ONSET AND DEATH

3 yrs.

unknown

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-17-62 to 10-18-62 and last saw him alive on 10-18-62

Death occurred at 10:05 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deceased or Heir)

22b. ADDRESS

Savannah, Missouri

22c. DATE SIGNED

10-22-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

10-20-1962

23c. NAME OF CEMETERY OR CREMATORY

BETHANY

23d. LOCATION (City, town, or county)

BARNARD, Mo.

(State)

24. FUNERAL DIRECTOR

Harrison - Maryville, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

Oct. 25, 1962

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Permit issued 10/18/62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

E. M. Otterman

Licensed Embalmer No. 2279

P. O. Address Maryville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.